

Harassment Report Form-EEO Policy

(Please print or type)

Your name: _____

Office: _____

Phone Number: _____

E-mail: _____

Today's Date: _____

Date(s) and time(s) of Incident(s) [approximate dates and times are acceptable]:

Where did the event(s) occur?

Please explain the event(s) that occurred on the second page of this form.

Did anyone witness the above event(s)? [If yes, please provide their names.]

Other than witnesses, is there anything that would confirm your version of events?

What would you like to occur as a result of this Report?

The information provided in this complaint is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Please return this completed and signed form (including second page) to Human Resources via email (hr@legis.ga.gov); hand-delivery or inter-office mail.

Please complete the second page

Below, please describe the event(s) in as much detail as possible. Attach additional pages if necessary.